

Maryland Medicaid Time Limits

<https://mmcp.dhmh.maryland.gov/Pages/Time-Limits-Submitting-Invoices.aspx>

Billing Time Statute

You must submit a clean claim to the Maryland Medical Assistance Program within 12 months of the date of service (for acute hospitals—date of discharge). A clean claim is an original, correctly completed claim that is ready to process. Submit claims immediately after providing services.

Exceptions to Time Statute

Exceptions to the claim submission statute can be made under the following circumstances:

- The claim was filed within statute previously, but denied by the Program due to provider error

SOLUTION: Resubmit the corrected claim through normal claims processing channels, including documentation of original timely submission (copy of Remittance Advice). Corrected claim must be received within 60 days of the last rejection.

- Retroactive eligibility is determined by the local Department of Social Services

SOLUTION: Submit the claim through normal claims processing channels, including documentation of retroactive eligibility (IMA 81 –Notice of Retro eligibility). Claim must be received within 12 months of the eligibility decision date.

- A claim was submitted to Medicare as the primary payer

SOLUTION: Submit the claim with a copy of the Medicare EOMB through normal claims processing channels. Be sure to place recipient and provider numbers in the required Medicaid fields. Claim must be received within 120 days from the date of Medicare EOMB

NOTE: When a claim is past 12 months from the date of service statute, documentation “MUST” be attached. If this is not done, the system automatically rejects that claim